

**APPLICATION FOR LETTER OF COMPLIANCE
LIMOUSINE OR LIVERY SERVICE**

Name of Business (indicate whether tradename, d/b/a, corporation, partnership, limited liability corporation, etc.) _____

Name and Address of Principal Owner(s) of Business and Vehicle(s) if different than above

Physical Location and Address of Principal Place of Business:

City _____	State _____	Zip Code _____	Telephone Number _____
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Mailing Address (if different than above) _____

Insurance Company Name _____
Street Address _____
City, State, Zip Code _____
Telephone and Fax _____

Current Certificate of Insurance Must be Attached

Description of Vehicle(s)

Make _____ Model _____ Year _____ Color _____

Vin # _____ License # _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ License # _____

Make _____ Model _____ Year _____ Color _____

Vin# _____ License # _____

FEE: \$25.00 per vehicle

Total Amount Paid _____

NOTE: If A VEHICLE LISTED REPLACES A VEHICLE ON FILE DESCRIBE HERE

MAKE _____ **YEAR** _____ **VIN#** _____

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Insurance Information

Amount of Insurance _____ Policy No. _____ Expiration _____

Certificate of Insurance Filed _____ Date _____
(Naming Bridgewater Township an additional insured)

I, _____ certify that all of the information provided above is accurate and factual.

Signature of Applicant

(Print Name)

POWER OF ATTORNEY

Power of Attorney Filed _____ Date _____

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Referral to Zoning Officer:

This business is a permitted use in the zone in which it is located.

Date _____ Zoning Officer _____

Pre-Existing Non Conforming Use

Date _____ Zoning Officer _____

Board of Adjustment Approval _____

Date _____ Zoning Officer _____

Home Occupation Permit # _____ Expires _____

Date _____ Zoning Officer _____

****THIS APPLICATION SHALL NOT BE ACCEPTED WITHOUT ORIGINAL SIGNATURES****